Self-Rescuer
Survey Data Form

U.S. Department of Labor
Mine Safety and Health Administration

---

1. Dates of Survey: Start:___/___/___ End:___/___/___
2. MSHA Office Code:_____
3. Inspector's AR Number: _____
4. Supervisor Initial:_____
5. Mine ID Number: ____-_____
6. Mine Name: _____
7. Company Name:_____
8. Total Number of Underground Miners, Including Contractor Employees:_____; and By Shift:
   (a) Midnight/Owl/1st:_____ Start Time:___:___ Quit Time:___:___
   (b) Day/2nd: _____ Start Time:___:___ Quit Time:___:___
   (c) Aft/Eve/3rd: _____ Start Time:___:___ Quit Time:___:___
   (d) Staggered/Overlapping/Extended Shifts: enter maximum number of miners underground at any given time: _____; and average length of shift in hours:____Hrs.
   (e) Scheduled production days: 1)Mon.__ 2)Tue.__ 3)Wed.__ 4)Thur.__ 5)Fri.__ 6)Sat.__ and 7)Sun.__.

9. For each type of self-rescue device provided for use at the mine, enter the quantity in the appropriate block:
   (a) CSE: SR-100 SCSR Quantity: _____
   (b) MSA: Life Saver 60 SCSR Quantity: _____
   (c) Draeger: OXY K Plus SCSR Quantity: _____
   (d) Ocenco: EBA 6.5 SCSR Quantity: _____
   (e) MSA: W65 FSR Quantity: _____
   (f) Ocenco: M-20 SCSR Quantity: _____
   (g) Other: Specify _____ Quantity: _____

10. Is a record available at the mine to document that the mine operator is conducting the required 90-Day inspections on each of the self-rescue devices provided for use at the mine? Y __ N __

11. Does the mine have an approved SCSR storage plan in effect allowing miners to be further than 25 feet from their 1-hour SCSR? Y __ N __ If Yes:
    (a) distance from the face to the storage cache in feet;____ft.; and
    (b) are devices stored in accordance with the manufacturer's approved requirements? Y __ N __

MSHA Form 2000-220 (October 2000 Revised)

12. Are self-rescue devices <u>stored</u> on mining equipment? Y__ N __ If Yes, check each appropriate block to identify the type of mining equipment. Further, using **Items 9 (a) through (g)** above, identify the type of self-rescue devices observed on the mining equipment.

Type(s) Of Mining Equipment	**Type(s)Of Self-Rescue Devices**
(a)__ Continuous Miner	___;___;___;___;___;___;___;___
(b)__ Shuttle Car	___;___;___;___;___;___;___;___
(c)__ Roof Bolter	___;___;___;___;___;___;___;___
(d)__ Scoop Car	___;___;___;___;___;___;___;___
(e)__ Longwall Shield	___;___;___;___;___;___;___;___
(f)__ Personnel Carrier	___;___;___;___;___;___;___;___
(g)__ Locomotive	___;___;___;___;___;___;___;___
(h)__ Other: Specify _____	___;___;___;___;___;___;___;___

Are Self-Rescue Devices:

(i) Secured on the mining equipment? Y__ N__;
(j) Protected from accidental damage? Y__ N__; and
(k) Left on equipment between shifts? Y__ N__.

13. What is the <u>average</u> mining height, in inches, of the primary escapeway? _____ inches.

14. Using the primary escapeway what is the distance, in feet, from the deepest working section in the mine to the surface or bottom of an emergency escape facility? _____feet.

15. Does the mine provide SCSRs at strategic locations for the purpose of providing protection to the surface or a safe location? Check Y __ N __ If yes:
(a) is the location of these SCSRs approved by the district manager? Y __ N __

Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

<u>Side 2 of 2</u>

Instructions For Completing
MSHA Form 2000-220 (October 2000 Revised)

Item 1. Enter the start and end dates of the survey. If the survey took only one day, only one date is needed.

Item 2. Enter the code of the MSHA office that has inspection jurisdiction for the identified mine.

Item 3. Enter AR Number of inspector who conducted the survey.

Item 4. The supervisor assigned inspection responsibility for this mine should review the form for legibility and completeness and then initial this block.

Item 5. Enter the 7-digit Legal ID Number.

Item 6. Enter the Mine Name as shown in the Legal ID.

Item 7. Enter the Company Name as shown in the Legal ID.

Item 8. Enter the total number of miners who work underground, including contractor employees; then enter the number by shift in the block corresponding to the appropriate shift, and enter the starting and quitting time of each shift. Items (a), (b), and (c) should be completed for all mines that do not work a staggered, overlapping, or extended shift, even if coal is produced on only one or two shifts. If the mine works a staggered, overlapping, or extended shift, only item (d) should be checked. Enter the maximum number of miners underground at any given time, including contractor employees, and the average length of the shift in hours. Item (e) pertains to scheduled production shifts only and should be completed for all mines by placing a check after the appropriate day(s) of the week.

Item 9. Enter the quantity of each type of self-rescue device provided for use at a mine. Item (g) should only be completed if a mine is using a self-rescue device that is not identified on the list of approved devices.

Item 10. Check the appropriate response: either Yes or No.

Item 11. Check the appropriate response: either Yes or No. If the mine has an approved plan but the plan is not in effect, the No block should be checked. If the Yes block is checked, enter the travel distance, in feet, from the furthermost face to the section storage cache in item (a). If needed, use the time, height, and distance chart in the Program Policy Manual, under 75.1714-2, to convert travel time to feet.

Instructions For Completing
MSHA Form 2000-220 (August 2000)

Item 12. Check the appropriate response: either Yes or No. This applies to all types of self-rescue devices. If an inspector observes any self-rescue device being stored on any type of mining equipment, the Yes block should be checked and Item 12 completed as follows:

Check the appropriate block, Items (a) through (h), to identify the type(s) of mining equipment the self-rescue devices were found on.

Identify the type(s) of self-rescue devices found on the mining equipment by entering the appropriate letter from Item 9 (a) through (g) after the type of mining equipment. If a self-rescuer is being stored on a piece of mining equipment that is not identified by name, Item (h) should be completed, specifying the type of affected mining equipment.

Check the appropriate Yes or No box for Items (i); (j); and (k).

Item 13. Enter the average mining height in inches for the primary escapeway. Where the mining height varies significantly, the inspector should figure the overall average mining height in inches and enter only one figure.

Item 14. Enter the total distance in feet from the deepest working section in the mine by following the primary escape route to the surface. If the miners cannot exit to the surface via the primary escape route, the inspector should enter the distance to the bottom of the emergency escape facility.

Item 15. If a mine operator provides any SCSR devices at strategic locations for the purpose of providing protection to the surface or to a safe location, the Yes block should be checked. This applies to SCSR devices other than those located in the section storage cache as specified in the approved SCSR storage plan allowing miners to be more than 25 feet from their one-hour SCSR. If the Yes block is checked, the inspector should determine if the District Manager has approved the location of these devices and check the appropriate block for item (a) Yes or No.

The data on MSHA Form 2000-220 will be entered in a District Self-Rescuer Survey Database. Accordingly, it is essential that all appropriate items be completed and that the information be legible and accurate, as determined at the time of the inspection. Copies of the form should be:

1. maintained with the completed inspection report; and

2. filed in the Uniform Mine File Notebook for the affected mine behind the tab marked Fire Fighting and Evacuation.